

KIDMIN Medical & Liability Release Form

Asbury United Methodist Church—Greeneville, TN

Participants Name _____ Birth Date ____/____/____
Address _____
Parents Name _____
Phone _____
Email _____

Release and Hold Harmless Agreement for Asbury United Methodist Church

I, _____, the parent/guardian of _____, grant my permission for him/her to participate fully in any activities or trips sponsored by Asbury United Methodist Church. Permission is also granted for my child to be transported to by Asbury United Methodist Church for any church function. I understand that my signature carries with it the following:

Authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter. I, knowingly release, absolve, and hold harmless Asbury United Methodist Church from all claims that might result from any injury of said minor. This agreement pertains to all programs and activities including those where transportation is provided. Should medical help be needed, I agree to pay for all medical or hospital costs and will not hold Asbury United Methodist Church financially responsible for any medical treatment my child receives under their care.

I have read the attached Rules and above Covenant and hereby agree to follow and support them at Asbury Children’s Ministry Functions.

Signature of Parent/Guardian Date

Effective for calendar year: _____

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

Notary Public My Commission Expires: _____
